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## BIB DATA SHEET

CONFIRMATION NO. 2442

<b>SERIAL NUMBER</b> 10/063,288	<b>FILING or 371(c) DATE</b> 04/08/2002 <b>RULE</b>	<b>CLASS</b> 366	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 19497-011001 / P16488US00		
<b>APPLICANTS</b> Claes Wallen, Sjomarken, SWEDEN; Kiell Andreasson, Vastra Frolunda, SWEDEN; /LRD/ <b>** CONTINUING DATA *****</b> none /LRD/ 22 October 2008 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/18/2002						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/LESLIE R DEAK/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> <del>45</del> 22	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> FISH & RICHARDSON P.C. PO BOX 1022 MINNEAPOLIS, MN 55440-1022 UNITED STATES						
<b>TITLE</b> Device and method for mixing medical fluids						
<b>FILING FEE RECEIVED</b> 660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			